

Date Available:_____

REQUEST FOR PUBLIC RECORD

CITY OF BATTLE CREEK

TO CAPITAL OF LEE	FOIA #
	Department
Name	Request: Written:
Address	Electronic:
Phone	
I request to have the public record(s) supplied to me in the following	owing form: Inspection Copies
Name and brief description identifying public record desired:	
	4.1.
PAYMENT MUST BE RECEIVED PRIOR TO DELIVERY OF	
I understand a public body must respond to my request within for a portion of my request, or issue a notice extending for ten (10 In place of these deadlines, I agree to allow the public body a r	five (5) business days after it is received. The public body must grant or deny all 0) business days, the period in which the public body must respond to my request. reasonable time to process my request.
Signature	
Office Use Only	FOIA Charges
	Mailing (actual) Labor Police Clerk Labor
(-) 50%	copies @ \$
Amount Due \$	Sub Total (-) Deposit Total Amount Due \$